JOHNSON (JOS. T.)

A REPORT OF SIX CASES OF OVARIAN TUMORS WITH TWISTED PEDICLES WITH REMARKS.[1]

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My paper will be very short and very practical, consisting simply of the narration of five cases of ovarian and one of a uterine tumor with twisted pedicles.

The frequent failure to diagnose this interesting class of cases before operation, and their universal tendency to strangulation causing the frequently sudden and unexplained death of the patient constitutes my excuse for taking up a moment of your time with this paper.

In November 1886 I was requested by Dr. B. B. Adams to see a lady aged fifty who supposed herself in labor. She had been gradually increasing in size, and as her periods had suddenly stopped nine months before, she believed herself pregnant notwithstanding her advanced age. The peculiarity and severity of her pain, coming on suddenly as it did, and being continuous—accompanied by elevation of temperature and pulse, abdominal tenderness and distention—attracted the doctor's attention. He requested me to assist him in the delivery.

Upon careful examination I diagnosed an empty uterus—a cystic tumor and peritonitis—not being believed, I requested Dr. S. C. Busey to see the patient with us. He confirmed my diagnosis and agreed with me that an immediate operation was the only resource to save her life. This was reluctantly agreed to and the lady entered my service at the Providence Hospital where I removed a twenty-six pound ovarian tumor on November 24, 1886.

The peritonæum was almost black, the tumor wall was quite black, and so friable that upon puncture with Tait's trocar it split and tore in all directions. The black semi-fluid contents of the tumor ran over everything and much of it found its way into the abdominal cavity. The cyst wall was adherent to everything it touched and was so rotten that it readily tore into shreds and was completely removed with the greatest difficulty.

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When the pedicle was reached it was found that the tumor had rotated upon its axis four times and that its circulation was entirely cut off. It was difficult to find sound tissue to ligate—the first ligature cut through the decomposing pedicle as if it were old cheese. The vessels were finally secured and the cavity washed out with nearly a bucketful of water, closed and dressed in the usual way, with a long glass drainage-tube reaching down to the bottom of the pelvic cavity.

The patient made a complete recovery and is well to-day except a ventral hernia which came partly as a result of her refusal to wear an abdominal supporter after she left the hospital.

The virulent nature of the fluids and decomposing tissues is shown by the fact that I contracted a septicæmia from a scratch on my hand, which kept me in bed six weeks and from the effects of which I was fully a year in recovering.

Case II.—Mrs. C. was operated on by me at the Columbia Hospital in June 1891. She had suffered about a week and had been treated for peritonitis. She had great pain, coming on suddenly while holding her restless grandchild in her lap. The condition of her twenty-pound ovarian cyst was found after section, to be much like the one just described. The pedicle was twisted three times instead of four and the decomposition was not quite so extensive. Immediate removal, irrigation, drainage and the usual treatment undoubtedly saved her life. She is now in very good health.

Case III.—Mrs. M., a white lady age about fifty had about the same history of sudden pain, fever and progressive debility as Nos. 1 and 2. She was also operated on in Columbia Hospital in January 1892. She was so badly off that her operation was twice postponed with the hope of getting her in better condition. It was finally undertaken as a forlorn hope with the statement to herself and to her friends that she was quite likely to die on the table. Organic cardiac disease complicated the situation. None of the hospital staff accepted the invitation to what they apparently thought an ante-mortem examination. The black peritonæum and cyst wall suggested a twist in the pedicle which we found. Removal, irrigation and drainage saved her life. She called upon me within a month so well and hearty that I did not recognize her.

Case IV.—Mrs. W. age thirty the mother of three beautiful children was seized suddenly with great pain in the right side of her abdomen. Her physician Dr. Hazen of my city was compelled to give her several hypodermics of morphine before he could quiet her. As she had suffered sometime previously from gravel it

was thought that she might have passed a calculus from her kidney to her bladder.

The pain and tenderness continued in her right side—the pulse and temperature kept above 100° and she was in bed in all about six weeks. As she was thought to be pregnant the enlargement of her abdomen did not attract especial attention.

I was requested to see her on account of her continued pain and fever and diagnosed an ovarian cystoma and recommended immediate operation. Dr. Fry was asked to see her on account of her supposed pregnancy. His diagnosis and recommendation agreed with mine. She entered my sanatorium and was operated on last October.

In this case we found a dark peritonæum, universal adhesions, a black cyst wall and a twisted pedicle.

Mrs. W. was in my office last month and reports herself in perfect health having gained at least thirty-five pounds since her operation.

Case V.—Mrs. H. a very light-colored school teacher was suddenly seized with severe abdominal pain on April 1st. She had performed her duties in school without inconvenience up to the moment of her attack. Although she had been compelled to let out her dresses within the past year she was entirely ignorant of the presence of an abdominal tumor. She was a very prim old maid thirty-six years old, and she had opposed any examination until the pain outweighed her opposition. Her physician Dr. Cabbinas found what he supposed was a uterine fibroid, about the size of his head upon external manipulation. I was requested to see her and after a very thorough examination agreed with him in his diagnosis, and also that she had peritonitis. Her temperature reaching as high as 104° and her pulse 130.

She entered my sanatorium and I made all the usual preparations for supravaginal hysterectomy. I was surprised to find a black peritonæum, universal adhesions, especially to the intestines and a solid ovarian tumor with a twisted pedicle.

The patient made a good recovery from the operation. When she left my hospital her temperature was normal and she was free from pain. She has died since however from a sudden attack of indigestion caused, her physician informs me from eating too freely of strawberries and cream.

Case VI.—Miss B. came to my sanatorium from North Carolina. Her sufferings had been for several years from painful menstruation, and it had been only a few months since she became aware of the presence of a rapidly growing tumor.

She is a spinster of thirty-two years, she readily agreed to the removal of the tumor and whatever else necessary to relieve her of her pain. I made the diagnosis of soft rapidly-growing uterine myoma and prepared for supravaginal hysterectomy.

I was again surprised to find a tumor with a twisted pedicle, but this time it was a uterine fibroid growing from the side of the uterus and attached by a flat band of tissue the width of two fingers and about an inch and a half long. The tumor had rotated twice upon its axis and the circulation, though much interfered with was not entirely cut off as in some of the other cases.

I transfixed the pedicle as in ovariotomy and after tying on each side dropped the stump back into the pelvis.

As there were several small myomatous buds sprouting out of the uterus, varying in size from a pea to a marble, I removed the ovaries and tubes with the expectation of preventing their further growth. The patient has recovered without a bad symptom of any kind.

There are several interesting points in connection with these six cases of twisted pedicles to which attention is drawn.

1st. In an experience of twelve years in abdominal surgery covering now about two hundred cases of my own, and about two hundred witnessed in the practice of many other surgeons in this country and abroad, these six cases are the only ones I have seen.

2d. It is a somewhat curious fact that all these cases except the first one occurred within the past six months.

3d. It is another somewhat curious fact that the cases were not correctly diagnosed in a single instance.

4th. It is a very fortunate circumstance that with death staring them all in the face, and fastening his fatal clutches closer and stronger upon them all day by day, that they all recovered.

Some of these cases would have been abandoned as hopeless had not experience indicated that apparently equally desperate and hopeless cases had been saved by operation. They had no chance without an operation. With one, thanks to the "recent advances in abdominal surgery," there was sufficient ground for the belief that with quick, complete work, irrigation and drainage, early alimentation and stimulation, if necessary, they recover.

Experience does go for something, even in this rapid age, when the claim can no longer be made that abdominal surgery is "abominable surgery." Operators in general surgery *should* become equally successful with those recently and especially trained.

The easy cases we will all admit are very easy, but the long neglected bad cases are horrid and require the skill and manipula-

tive dexterity only gained by experience and special training to successfully deal with the many and unexpected complications one is liable encounter in this life.saving work. This bit of digression would lead into an attractive field of discussion if this paper had no special object in view. As I made a complete failure in diagnosis in all of my six cases the question of diagnosis is proposed for discussion.

Much has been said and written on the causation of twisted pedicles but as yet we are unable to state exactly why, or under what circumstances they may be expected to occur, or what can be done to avoid them. While the axial rotation of an ovarian tumor may be very slow, and for a while without symptoms, when strangulation does occur the symptoms are sudden, painful and rapidly tend toward a fatal issue. While the rotation is slow the strangulation is sudden.

In one of my cases it would appear that the constant movements of a restless child in the patient's lap, had much to do with rolling the tumor over in the abdominal cavity. Indeed the lady after her recovery assigned this as a cause herself. The alternate filling and emptying of the rectum has been assigned by some as a cause but why it should so act in some cases and not in others is not evident. As Tait and Bantock have seen about one hundred cases in their experience the occurrence of the axial rotation of ovarian tumors cannot be so uncommon or infrequent as we have formerly supposed. The diagnosis of this confessedly interesting and fatal class of cases being somewhat obscure, and delay being necessarily so fatal, the very practical lesson to be derived from this imperfect study of the subject is, that earlier operations in all cases of ovarian tumors would avoid this distressing complication altogether.